

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Dixon et al.  
Appl. No. : 10/016,358  
Filed : October 30, 2001  
For : CONSTITUTIVE DISEASE  
RESISTANCE (CDR1) GENE  
AND METHODS OF USE  
THEREOF  
Examiner : Medina Ahmed Ibrahim  
Group Art Unit : 1638

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

March 2, 2004

(Date)

Michael L. Fuller, Reg. No. 36,516

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action mailed November 04, 2003. Applicants wish to thank the Examiner for reviewing the instant application. Please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

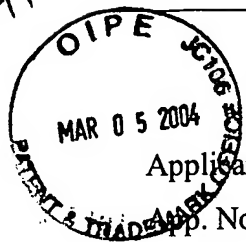
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## AMENDMENT / RESPONSE TRANSMITTAL

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Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response to Office Action in 15 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

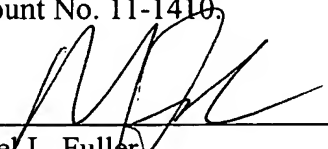
FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	26 - 51 = 0	2202 (\$9)	0 x 9 =	\$0
Independent Claims	4 - 9 = 0	2201 (\$43)	0 x 43 =	\$0
Multiple Claim		2203 (\$145)		\$0
1 Month Extension		2251 (\$55)		\$55
2 Month Extension		2252 (\$210)		\$00
3 Month Extension		2253 (\$475)		\$0
			<b>TOTAL FEE DUE</b>	<b>\$ 55</b>

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$55 is enclosed.
- (X) Return prepaid postcard.

Docket No.: SALKINS.017C1

Customer No.: 20,995

- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Michael L. Fuller

Registration No. 36,516

Attorney of Record

Customer No. 20,995

(619) 235-8550

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